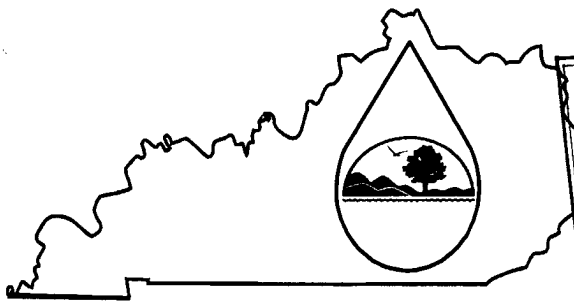
KPDES FORM 1

AI# 1913



RECEIVED
JUL 16 2009
By

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)
- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	1	0	4	2	8	1

A. Name of Business, Municipality, Company, Etc. Requesting Permit
Warrior Coal, LLC

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner's mailing address (if different) in D.**
Facility Location Name: Warrior mine ventilation shaft	Facility Contact Name and Title: Mr. ☐ Ms. ☐ Alliance Coal, LLC.
Facility Location Address (i.e. street, road, etc., **not P.O. Box**): 1690 Columbia Schoolhouse Rd.	Mailing Address: 771 Corporate Drive, Suite 1000
Facility Location City, State, Zip Code: Madisonville, KY 42431	Mailing City, State, Zip Code: Lexington, KY 40503
D. Owner's name (if not the same as in part A and C):	Facility Contact Telephone Number: (859)224-7225
Owner's Mailing Address:	Owner's Telephone Number (if different):

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Underground mining of bituminous coal. Sewage lagoon will control sanitary wastewater and sewage from the bathhouse at the ventilation shaft area.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4952		
Other SIC Codes:	1222		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Hopkins	City where facility is located (if applicable): Slaughterville
C. Body of water receiving discharge: Pond Creek	
D. Facility Site Latitude (degrees, minutes, seconds): N37° 22' 53"	Facility Site Longitude (degrees, minutes, seconds): W87° 36' 43"
E. Method used to obtain latitude & longitude (see instructions):	USGS Topo
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Ben Almon	(270)825-4560
Operator Mailing Address (Street): P.O. Drawer 1210	
Operator Mailing Address (City, State, Zip Code): Madisonville, KY 42431	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☐ No ☒
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0001970	10/01/2005	5/31/2010
Number of Times Permit Reissued: 1	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s): 854-0241	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Greta Wright
DMR Official Telephone Number:	(270)249-6016

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	SGS North America Inc. - Mineral Services Division
DMR Mailing Address:	618 Bob Posey Street
DMR Mailing City, State, Zip Code:	Henderson, KY 42420

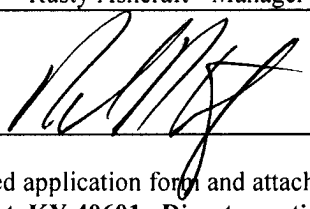
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Small Non-POTW ✓	$200.00 ✓

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ Rusty Ashcraft - Manager Environmental Affairs	(859)224-7225
SIGNATURE 	DATE: 7/14/09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

POWER OF ATTORNEY

ALLIANCE COAL, LLC AND SUBSIDIARIES

TO

RAYMOND R. ASHCRAFT, JR.

MARCH 29, 2001

EXPIRES: INDEFINITE

KNOW ALL MEN BY THESE PRESENTS: That Alliance Coal, LLC organized and existing under the laws of the State of Delaware (the "Company") acting on its behalf and its wholly owned subsidiaries, has and does hereby appoint Raymond R. Ashcraft, Jr., its true and lawful Attorney in Fact with power and authority, for and on behalf, and in the name of the Company business, to file for, execute, process, or otherwise take necessary action pertaining to environmental applications for air, waste, and water permits, applications for surface disturbance mining permits, renewals thereof, or amendments or supplements thereto, certificates or other instruments directly related to such applications, renewals, amendments or supplements required to be filed with any local, state or federal governments agency directly related to the Company coal mining operations.

The Attorney herein appointed shall be authorized to act hereunder from the date hereof only so long as such Attorney shall remain an employee or authorized agent of the Company, or until such earlier time as this instrument has been revoked, annulled, rescinded or set aside by an instrument or revocation filed with the Company, whichever first occurs.

IN WITNESS WHEREOF, the Company has caused this Power of Attorney to be executed on its behalf, and its seal to be hereunto affixed and attested, in the County of Tulsa, State of Oklahoma, as of the day and year first above written, by the undersigned, Thomas L. Pearson, Esq. the duly authorized Secretary of Alliance Coal, LLC and Subsidiaries.

Alliance Coal, LLC and Subsidiaries

BY: Thomas L Pearson

Thomas L. Pearson, Esq.
Senior Vice President - Law and
Administration, General Counsel and
Secretary

STATE OF OKLAHOMA)
) SS.
COUNTY OF TULSA)

Before me, the undersigned, a Notary Public in and for said County and State, on this 23 day of March, 2001, personally appeared Thomas L. Pearson, Esq., to me known to be the identical person who executed the within and forgoing instrument as Secretary of Alliance Coal, LLC and its subsidiaries and acknowledged to me that he executed the same as his free and voluntary act and deed and as the free and voluntary act and deed of the corporation for the uses and purposes therein stated.

Given under my hand and seal of office on the day and year first above written.

SEAL

Carol D. Griggs
Notary Public

My Commission Expires: August 13, 2003

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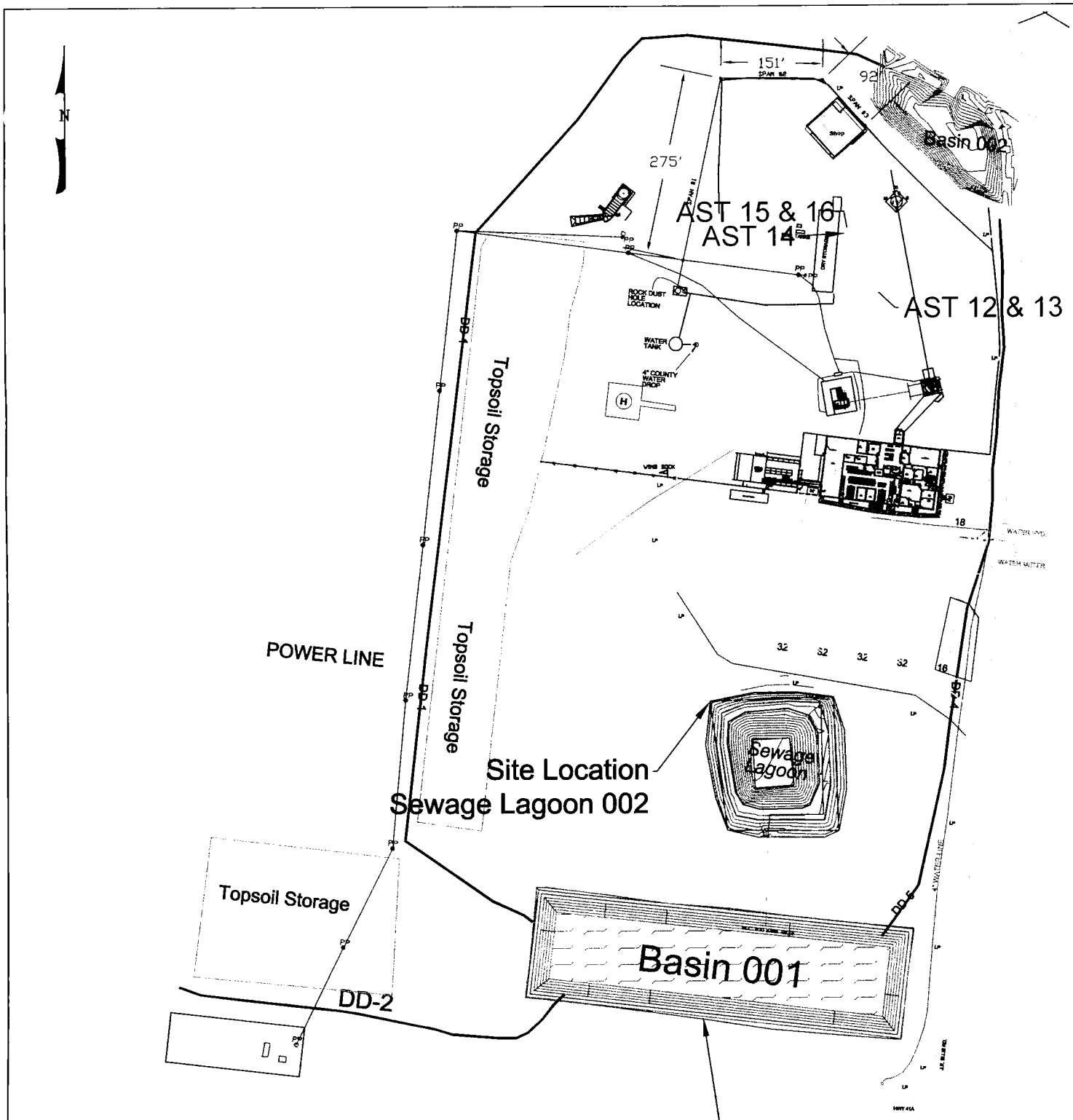
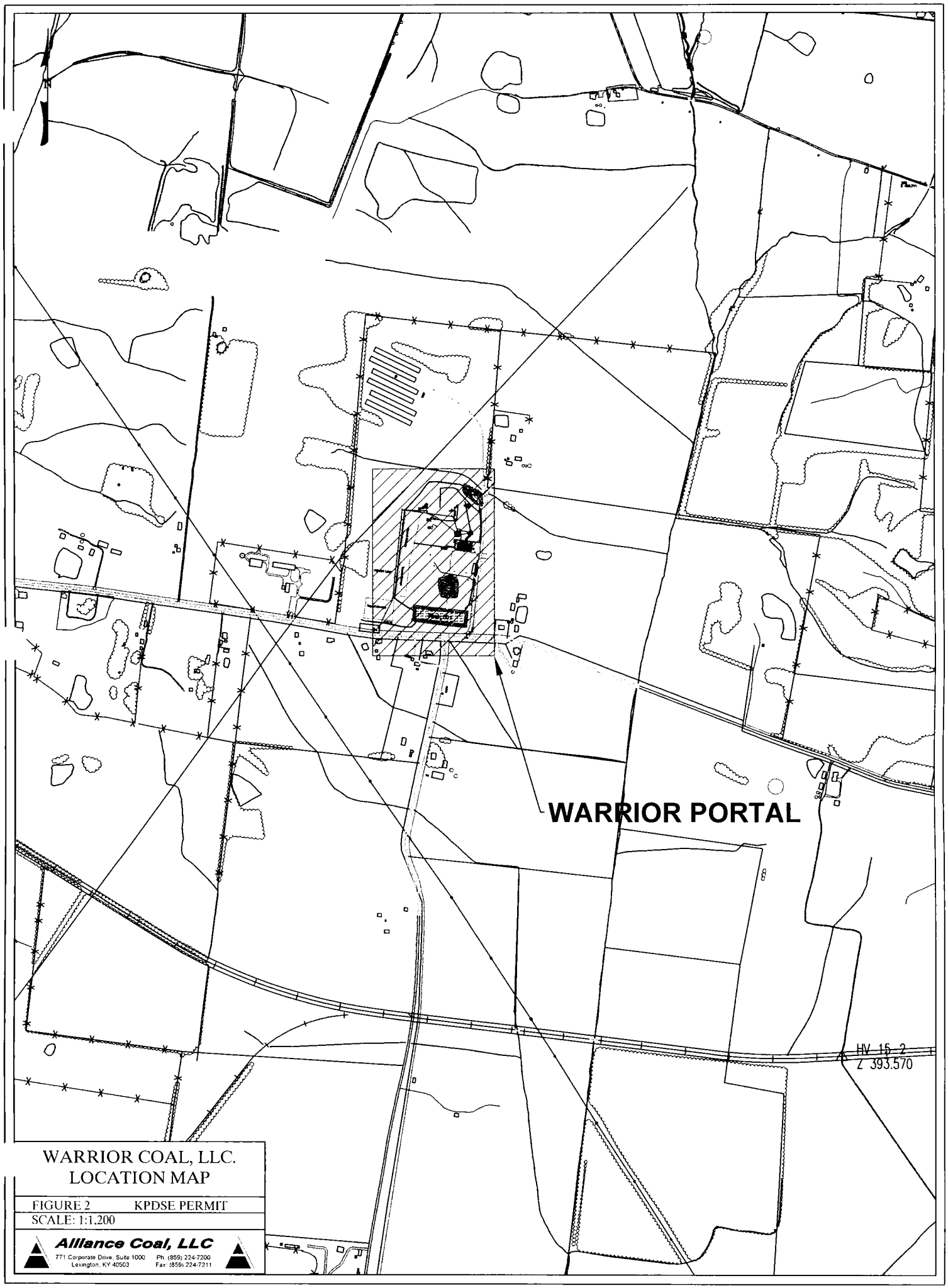


WARRIOR COAL, LLC.
LOCATION MAP
PORTAL

FIGURE 1 KPDES Permit
SCALE: 1:200

Alliance Coal, LLC
771 Corporate Drive, Suite 1000 Ph: (859) 224-7200
Lexington, KY 40503 Fax: (859) 224-7211



WARRIOR COAL, LLC.
LOCATION MAP

FIGURE 2	KPDSE PERMIT
SCALE: 1:1,200	

Alliance Coal, LLC
771 Corporate Drive, Suite 1000 Ph. (859) 224-7200
Lexington, KY 40503 Fax (859) 224-7211

SGS

Analysis Report

July 10, 2009

WARRIOR COAL
57 JE ELLIS ROAD
MADISONVILLE KY 42431

ATTN: Greta Wright

Client Sample ID:	001	Field - pH:	8.9
Date Sampled:	Jun 23, 2009	Field - Flow:	0.1
Date Received:	Jun 23, 2009	Field - Temperature:	
Product Description:	WATER	Sample Point:	
		Permit #:	KY0104281
		Water Elevation:	

Comments: Amended Report to include Total Cadmium Analysis.

SGS Minerals Sample ID: 511-0933712-001

Tests	Result	Unit	Method	ANALYZED DATE	TIME	ANALYST
Hardness, mg equivalent CaCO3/L	108	mg/L	SM 2340 C	06/26/2009	10:58:00 AM	RC
Cyanide, Total	<0.1	µg/L	EPA 335.2	06/30/2009	4:12:00 PM	KET
Sulfate, SO4	48	mg/L	ASTM D516	06/25/2009	2:03:00 PM	SN
Phenols, Total	<0.05	g/L	ASTM D974	06/30/2009	4:13:00 PM	KET
Conductivity	270	µS/cm	SM 2510	06/25/2009	2:29:00 PM	RC
Total Suspended Solids	21	mg/L	SM 2540 D	06/25/2009	11:53:00 AM	RC
METALS BY ICP						
Antimony, Sb - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:26:00 AM	RC
Arsenic, As - Total	0.007	mg/L	EPA 200.7	06/29/2009	10:26:00 AM	RC
Beryllium, Be - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:26:00 AM	RC
Cadmium, Cd - Total	0.003	mg/L	EPA 200.7	06/29/2009	10:27:00 AM	RC
Chromium, Cr - Total	<0.02	mg/L	EPA 200.7	06/29/2009	10:27:00 AM	RC
Copper, Cu - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:27:00 AM	RC
Lead, Pb - Total	<0.02	mg/L	EPA 200.7	06/29/2009	10:27:00 AM	RC
Mercury, Hg - Total	<0.0002	mg/L	EPA 200.7	07/01/2009	4:13:00 PM	MST
Nickel, Ni - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:27:00 AM	RC
Selenium, Se - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:28:00 AM	RC
Silver, Ag - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:28:00 AM	RC
Thallium, Tl - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:28:00 AM	RC
Zinc, Zn - Total	<0.01	mg/L	EPA 200.7	06/29/2009	10:28:00 AM	RC

Ron Christian
RON_CHRISTIAN

SGS North America Inc. | Minerals Services Division
618 Bob Posey Street Henderson KY 42420 t (270)-827-1187 f (270)-826-0719 www.sgs.com/minerals

KPDES FORM C

AI# 1913

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Warrior Mine vent shaft sewage lagoon #002	County: Hopkins						
I. OUTFALL LOCATION	AGENCY USE	0	1	0	4	2	8	1

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
002	37	22	53	87	36	43	Unnamed trib. of Pond Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
002	Waster Water Treatment	9,000 gal/day	Sewage Lagoon #2	3B, 2F

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category:

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☐ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☐ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
SGS North America Inc. - Mineral Service Division	618 Posey St., Henderson, KY 42420	(270)827-1187	flow, total iron, total manganese, TSS, dissolved iron, dissolved manganese, ecidity, pH

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Rusty Ashcraft - Manager Environmental Affairs	(859)224-7224
SIGNATURE	DATE 7/14/09

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)												OUTFALL NO.		
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.														
1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)				
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses		
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass			
a. Biochemical Oxygen Demand (BOD)														
b. Chemical Oxygen Demand (COD)														
c. Total Organic Carbon (TOC)														
d. Total Suspended Solids (TSS)														
e. Ammonia (as N)														
f. Flow (in units of MGD)	VALUE		VALUE		VALUE			MGD		VALUE				
g. Temperature (winter)	VALUE		VALUE		VALUE			°c		VALUE				
h. Temperature (summer)	VALUE		VALUE		VALUE			°c		VALUE				
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS						

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)														
b. Bromine Total Residual														
c. Chloride														
d. Chlorine, Total Residual														
e. Color														
f. Fecal Coliform														
g. Fluoride (16984-48-8)														
h. Hardness (as $CaCO_3$)														
i. Nitrate – Nitrite (as N)														
j. Nitrogen, Total Organic (as N)														
k. Oil and Grease														
l. Phosphorous (as P), Total 7723-14-0														
m. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium Total														
(4) Radium, 226, Total														

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)														
o. Sulfide (as S)														
p. Sulfite (as SO_4) (14286-46-3)														
q. Surfactants														
r. Aluminum, Total (7429-90)														
s. Barium, Total (7440-39-3)														
t. Boron, Total (7440-42-8)														
u. Cobalt, Total (7440-48-4)														
v. Iron, Total (7439-89-6)														
w. Magnesium Total (7439-96-4)														
x. Molybdenum Total (7439-98-7)														
y. Manganese, Total (7439-96-6)														
z. Tin, Total (7440-31-5)														
aa. Titanium, Total (7440-32-6)														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)															
2M. Arsenic, Total (7440-38-2)															
3M. Beryllium Total (7440-41-7)															
4M. Cadmium Total (7440-43-9)															
5M. Chromium Total (7440-43-9)															
6M. Copper Total (7550-50-8)															
7M. Lead Total (7439-92-1)															
8M. Mercury Total (7439-97-6)															
9M. Nickel, Total (7440-02-0)															
10M. Selenium, Total (7782-49-2)															
11M. Silver, Total (7440-28-0)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)															
13M. Zinc, Total (7440-66-6)															
14M. Cyanide, Total (57-12-5)															
15M. Phenols, Total															
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)				DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chloro-benzene (108-90-7)															
8V. Chlorodibro-momethane (124-48-1)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)															
10V. 2-Chloro-ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro-bromomethane (75-71-8)															
14V. 1,1-Dichloroethane (75-34-3)															
15V. 1,2-Dichloroethane (107-06-2)															
16V. 1,1-Dichlorethylene (75-35-4)															
17V. 1,2-Di-chloropropane (78-87-5)															
18V. 1,3-Dichloropro-pylene (452-75-6)															
19V. Ethyl-benzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)															
22V. Methylene Chloride (75-00-2)															
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)															
24V. Tetrachloro-ethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)															
27V. 1,1,1-Tri-chloroethane (71-55-6)															
28V. 1,1,2-Tri-chloroethane (79-00-5)															
29V. Trichloro-ethylene (79-01-6)															
30V. Vinyl Chloride (75-01-4)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)															
2A. 2,4-Dichlor-Orophenol (120-83-2)															
3A. 2,4-Dimeth-ylphenol (105-67-9)															
4A. 4,6-Dinitro-o-cresol (534-52-1)															
5A. 2,4-Dinitro-phenol (51-28-5)															
6A. 2-Nitro-phenol (88-75-5)															
7A. 4-Nitro-phenol (100-02-7)															
8A. P-chloro-m-cresol (59-50-7)															
9A. Pentachloro-phenol (87-88-5)															
10A. Phenol (108-05-2)															
11A. 2,4,6-Tri-chlorophenol (88-06-2)															
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)															

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)															
3B. Anthracene (120-12-7)															
4B. Benzidine (92-87-5)															
5B. Benzo(a)-anthracene (56-55-3)															
6B. Benzo(a)-pyrene (50-32-8)															
7B. 3,4-Benzofluoranthene (205-99-2)															
8B. Benzo(ghl) perylene (191-24-2)															
9B. Benzo(k)-fluoranthene (207-08-9)															
10B. Bis(2-chloroethoxy)-methane (111-91-1)															
11B. Bis (2-chloroisopropyl)-Ether															
12B. Bis (2-ethylhexyl)-phthalate (117-81-7)															

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)															
14B. Butyl-benzyl phthalate (85-68-7)															
15B. 2-Chloro-naphthalene (7005-72-3)															
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)															
17B. Chrysene (218-01-9)															
18B. Dibenzo-(a,h) Anthracene (53-70-3)															
19B. 1,2-Dichloro-benzene (95-50-1)															
20B. 1,3-Dichloro-Benzene (541-73-1)															
21B. 1,4-Dichloro-benzene (106-46-7)															
22B. 3,3-Dichloro-benzidene (91-94-1)															
23B. Diethyl Phthalate (84-66-2)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)															
25B. Di-N-butyl Phthalate (84-74-2)															
26B. 2,4-Dinitro-toluene (121-14-2)															
27B. 2,6-Dinitro-toluene (606-20-2)															
28B. Di-n-octyl Phthalate (117-84-0)															
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)															
30B. Fluoranthene (208-44-0)															
31B. Fluorene (86-73-7)															
32B. Hexachloro-benzene (118-71-1)															
33B. Hexachloro-butadiene (87-68-3)															
34B. Hexachloro-cyclopenta-diene (77-47-4)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)															
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)															
37B. Isophorone (78-59-1)															
38B. Napthalene (91-20-3)															
39B. Nitrobenzene (98-95-3)															
40B. N-Nitrosodimethylamine (62-75-9)															
41B. N-nitrosodi-n-propylamine (621-64-7)															
42B. N-nitrosodiphenylamine (86-30-6)															
43B. Phenanthrene (85-01-8)															
44B. Pyrene (129-00-0)															
45B. 1,2,4 Trichlorobenzene (120-82-1)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (58-89-9)															
4P. gamma-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Endosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)															
16P Heptachlor (76-44-8)															
17P. Heptaclor Epoxide (1024-57-3)															
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															